

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/355,169

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1	✓	Cancel			
2						
3		2	Cancel			
4		2	1			
5		2				
6		0	Cancel			
7		2	2			
8	1	✓	1			
9		1	1			
10		2	2			
11		1	1			
12		2	2			
13		0	1			
14		1	1			
15			Cancel			
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TOTAL IND.	2	↓		↓		↓
TOTAL DEP.	17	↓		↓		↓
TOTAL CLAIMS	19					

	IND.		DEP.		IND.		DEP.		IND.		DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.												
TOTAL CLAIMS												